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Rural District of North Westmorland



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1963

KENDAL

TITUS WILSON & SON, LTD.

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Kendal 1296.

Stricklandgate House,
P.O. Box 18,
Kendal.

*To the Chairman and Members of the Rural District of North
Westmorland.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the health of the Rural District during the year 1963.

I wish to acknowledge the help and ready co-operation of my colleague, the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Chief Public Health Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Rural District in acres ...	...	...	288,688
Population at 1961 Census ...	...	...	15,354
Population (Registrar-General's mid year estimate)...	...	...	15,170
Inhabited houses ...	...	...	5,244
Rateable Value ...	...	...	£366,557
Product of a Penny Rate ...	...	...	£1,339
Rate in the Pound levied ...	...	...	8/8d.
of which the County Rate was ...	...	...	6/11d.

The Rural District of North Westmorland lies between the central mountainous mass of the Lake District and the escarpment of the Pennine Chain, and possesses a wide variety of scenery. The main geographical feature of the District is the Eden Valley, a fertile agricultural strip which was once the route of a Roman highway and later a strong line of defence against the Border raiders. The River Eden rises in lonely Mallerstang, flows past the market town of Kirkby Stephen to the foothills of the Pennine Range, and thence north-westwards through the ancient Borough of Appleby to its junction with the River Eamont, where it leaves the District.

The country to the north-east rises abruptly to some 2,500 feet, and on the far side the northernmost boundary lies in the desolate area of the Upper Tees Valley. To the south-west of the Eden Valley lies the central upland plateau which extends from Shap to Kirkby Stephen broken only by a few charming wooded valleys and occasional villages. South of this plateau the River Lune flows through pleasant pastoral Ravenstonedale into the austere gorge below Tebay, and the southern boundary of the District is the 2,000 feet high rampart of the great watershed of Westmorland. In the south-west the great barren fells of the Lake District rise to over 3,000 feet above sea level, and in the valleys lie the beautiful lakes of Ullswater and Haweswater. These geographical features determine the natural lines of communication and therefore influence the spread of infectious diseases.

The geology of North Westmorland is also very varied. The escarpment of the Pennine Chain in the north and the central upland mass are formed of lower carboniferous limestone, and the Eden Valley lies between along the lines of the Pennine Fault. The Cross Fell inlier in the Dufton and Hilton areas is a unique formation containing in miniature most of the Lake District rocks, Skiddaw slates, Borrowdale volcanic rocks, Coniston limestone, the Ashgillian series, and

Silurian strata above which follows the dominating carboniferous series of the escarpment.

The Vale of Eden is composed mainly of permian sandstone, with St. Bees sandstone in the south, with small beds of red shales, gypsum and magnesium limestone. Above and below the Penrith sandstone lie Brockrams and Breccias, and further west some red conglomerate basement beds are found in the Pooley Bridge area. To the south-west the Borrowdale Volcanic series occur, with ashes and breccias often well bedded and cleaved, and the Silurian strata commence south of Shap. A further interesting feature is the outcrop of the Shap granite intrusion through the Borrowdale series near their junction with the thin Coniston limestone beds. Glacial drift remains at several places and the valley bottoms contain alluvial deposits. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational diseases as well as affecting the economics of the District.

The climate is equable in the valleys and invigorating on the fellsides and uplands. The air is generally very clear and there is little mist or fog. Temperature gradient inversions are occasional in the mornings. The average rainfall is 73 inches a year in the Haweswater area but decreases sharply towards the eastern parts of the District: in the upper parts of the Eden Valley it is about 35 inches per year. Snow may be expected for one or two weeks in the late winter.

The District is primarily agricultural in character and many of the small local industries are ancillary to agriculture. There are also the following industries which provide much local employment and bring a measure of prosperity to the villages: Stone quarries and mines for gypsum and barytes, factories for plaster and cement, and railway works.

In addition to these local industries the District receives seasonal tourist business along the main highways, and in the Lake District areas, particularly around Pooley Bridge. The variety of these opportunities for local employment helps to some extent to check the continuing drift from the countryside. Economic security and local prosperity are most important factors in the maintenance of the public health.

COMMITTEES.

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Public Health Committee deals with most of the principal matters, but there are other aspects of public health importance which are dealt with by the Housing and Licensing Committees.

STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
Madge, F. T.	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Calvert, D.	M.R.S.H., M.A.P.H.I.	Public Health Inspector	Part	Engineer and Surveyor
Hart, G.	M.R.S.H., M.A.P.H.I.	Additional Public Health Inspector	Part	Surveyor
Kelly, R. M.	M.A.P.H.I.	Additional Public Health Inspector	Whole	—
Aldus, R. H.	M.A.P.H.I.	Additional Public Health Inspector till 26/10/63	Part	Public Health Inspector, Appleby Borough Council
Cradock, N.	—	Clerk and Technical Assistant	Whole	—
Allinson, J. H.	—	Clerk	Whole	—
Holland, E.	—	Clerk	Part	—
Machell, B. M.	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

Mr. Aldus, part-time Additional Public Health Inspector, resigned in October 1963 to take up an appointment elsewhere. He had been with our department since September 1961. The vacancy was not filled until 1964.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General.

Area of the District in acres 288,688

	1962	1963
Estimated civilian population (mid year) ..	15,240	15,170
Live Births. Legitimate— males	130	120
females	122	126
Illegitimate— males	10	3
females	4	4
Total	266	253
Crude Rate per 1,000 population	17.5	16.7
Corrected Rate per 1,000 population	19.2	18.4
Birth Rate for England and Wales	18.0	18.2
Illegitimate Birth Rate per 1,000 live births.	52.6	27.7
Still Births. Legitimate— males	3	3
females	2	1
Illegitimate— males	—	—
females	—	—
Total	5	4
Total (live and still) births ..	271	257
Rate per 1,000 total (live and still) births	18.4	15.6
Rate for England and Wales ..	18.1	17.3
Deaths. males	122	79
females	110	106
Total	232	185
Crude Rate per 1,000 population ..	15.2	12.2
Corrected Rate per 1,000 population	15.2	12.1
Rate for England and Wales ..	11.9	12.2

	1962	1963
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	8	4
Rate per 1,000 live births	30.1	15.8
Rate for England and Wales	20.7	20.9
Legitimate	8	4
Rate per 1,000 legitimate live births	31.7	16.2
Illegitimate	—	—
Rate per 1,000 illegitimate live births	—	—
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths	6	3
Rate per 1,000 live births	22.6	11.9
Rate for England and Wales	15.1	14.2
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths	3	3
Rate per 1,000 live births	11.3	11.9
Perinatal Mortality		
Stillbirths and deaths under 1 week.. .. .	8	7
Rate per 1,000 total (live and still) births	29.5	27.2
Rate for England and Wales	16.4	—
Maternal Mortality:		
Total Deaths	1	—
Rate per 1,000 total (live and still) births	3.7	—
Rate for England and Wales	0.35	0.28
Deaths from certain causes:—	1962.	1963.
Cancer	30	28
Measles	Nil	Nil
Whooping Cough	Nil	Nil
The main causes of death were:—		
Heart Disease .. .. .	...	64
Vascular lesions of nervous system .. .. .	...	45
Cancer .. .. .	...	28

COMMENTARY ON THE VITAL STATISTICS.

Population Movements.

This is the sad story of a people who are deserting a lovely countryside. The emigration trek has been going on for more than two generations, and the pity of it is that the packing-up gets faster each decade: the pressures are still building up to drive our folk out of North Westmorland.

The population of the Rural District numbered 15,354 at the 1961 Census, compared with 16,959 in 1951 and 18,022 in 1931. Thus during the last ten years, between 1951 and 1961, we lost a net figure of 1,605 people or 9.5% in a single decade.

But the real loss was much more serious than that: 1,605 was only the net loss. Because in those same ten years we had 2,566 births and only 1,988 deaths, which should have given us a natural increase of 578 persons. The answer, of course, is that they were more than cancelled out by emigration.

At least 2,183 people must have emigrated out of North Westmorland between 1951 and 1961, and I should not be surprised if the number was nearer a round 2,500. Whole families have packed up and gone away. The message of these periodical Census figures cannot be denied: North Westmorland is being ravaged by depopulation, and with the progressive closure of the railways there is worse to come unless someone brings a new spirit of hope into our countryside.

There is a possibility of some industrial expansion at the gypsum quarries in Kirkby Thore, and perhaps at some of our other limestone quarries, but we could do with a sprinkling of light industries to balance the employment needs of our young people of both sexes.

The local urge to find new ways of making a living in North Westmorland has recently led to a suggestion that the Home Office should be invited to build one of their next Security Prisons on a site in our District. Most communities try to think up reasons for not harbouring such establishments, and the Westmorland County Planning Authority do not seem keen on the idea. I should have thought it would be one acceptable way of keeping up the population and bringing more money into our District.

The construction of the M6 Motorway will soon bring a flood of new activity across our District. The proposed Service Area and interchange roads may do something to revitalize the local economy, and even if passers-by cannot get off the Motorway very easily, at least they will see the attractive charm and opportunities of North

Westmorland. We shall be prominently on display all along the shop window of the Motorway.

But the economy of our District is also being eroded by a noticeable change in the pattern of hill-farming. These farms have hitherto been run as self-contained family units, but nowadays they are being offered for sale when they become vacant. Many of them are purchased by absentee landlords, who then use them merely for grazing young cattle which are allowed to range over the land without fences and gates. Consequently no attempt is made to cultivate the land for hay or other crops: the farmhouses are often allowed to fall into dilapidation and soon become unfit for use as dwellinghouses. This growth of ranch farming has been yet another factor in depopulating our District, besides reducing the fertility and productivity of the land.

I suppose that some solace can be found in the fact that the people who have remained in North Westmorland have spread themselves out much more comfortably. There is less need to live with in-laws, houses are more easily available, and there is elbow room to spare.

But it is not a cheerful sight to see our own folk being forced to pull up their roots from their native soil. Unless someone shows any sign of coming to the economic rescue of North Westmorland, we shall just have to wave goodbye to our departing people and wish them well, before we settle down to a radically new pattern of life in our area. It merits a lot of hard thinking.

Age Groups.

We have only a slightly higher proportion of elderly people in our community than in most other districts. The average percentage of people over 65 years of age in England and Wales was 11.9% at the 1961 Census, whereas North Westmorland had 13.3%.

In more practical terms, out of our local population of 15,354 we had 2,042 people over 65 years of age. 1,185 were women and only 857 were men.

But in these days, the 65th birthday is becoming a derisory landmark for accepting the label of old age. Perhaps 75 might be more realistic for easing up on the rough and tumble of an active life. We had 691 people over 75 years old in our District: most of them hale and hearty. 95 were over 85 years old, and 25 were over 90.

Nevertheless it means that the younger age groups will have to keep busy to provide the community support which elderly people need to make their survival achievements worthwhile, particularly in the more remote rural areas.

Birth Rate.

Your birth rate used to be well above that for England and Wales, but in recent years it has dropped slightly below.

Death Rate.

Your death rates usually fluctuate around the national average level. The differences are not significant.

Perinatal Mortality.

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language, the deaths which happen around the time of birth.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy: or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the new-born child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate is perhaps better regarded as a measure of obstetric achievement. What happens to a live baby in its first week depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neonatal deaths. An advisory obstetric committee has been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of still-births and infant deaths.

Maternal Mortality.

There were no maternal deaths during the year.

NOTIFIED DISEASES TABLE.

	Total	Ages												Admitted to Hospital	Deaths
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-		
Measles	99	3	10	17	6	13	37	9	2	1	1	-	-	-	
Erisipelas	4	-	-	-	-	-	-	-	-	1	-	3	-	-	
Acute Pneumonia ..	1	-	-	-	-	-	-	-	-	-	-	1	-	-	
TOTAL	104	3	10	17	6	13	37	9	2	2	1	4	-	-	

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

It is pleasing to record that the notification of infectious diseases has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect.

I look upon the control of notifiable diseases as one of the most important duties of our department.

Measles was the main feature of 1963. It started around Penrith at the beginning of the year and spread to the villages around Appleby and Kirkby Stephen in the spring. Summer and autumn were fairly free of trouble.

Mountain Accidents.

Accidents on our mountains are a special hazard in the western parts of your area within the Lake District, and on the wild uplands of the Pennines. A regular toll of death and suffering happens every year. Most of those accidents are preventable, and they mostly affect our visitors.

The inexperienced, the unlucky, and the foolhardy, fall out of crags while rock-climbing, lose themselves in the dark and the mist and the snow. The physically unfit die of exhaustion, exposure, and the heart-attacks which catch up with them sooner than need be. The suicides make their last gesture to the emotional appeal of the mountains.

Someone has to turn out to look for them, and rescue them, and bury them. A magnificent local organisation of search and rescue teams has been built up in the District to meet these demands. But we wish that trade might not be so brisk.

A campaign for the prevention of mountain accidents has been organised not only in your District, but also back into the big towns from which our visitors come, and to a wider audience on the radio and television. We hope it may help.

TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	—	1	—	—	—	—	—	—
15 ..	—	—	—	—	—	—	—	—
25 ..	—	1	—	—	—	—	—	—
35 ..	1	—	—	—	—	—	—	—
45 ..	—	—	—	1	—	—	—	—
55 ..	—	—	—	—	—	—	—	—
65 ..	—	—	—	—	—	—	—	—
Total ..	1	2	—	1	—	—	—	—

Three Pulmonary cases were transfers from another area.

The number of tuberculosis patients on the register at the year end were :—

		1962.	1963.
Respiratory	...	42	29
Non-Respiratory	...	17	8
		—	—
		59	37
		—	—

TUBERCULOSIS.

Tuberculosis is one of the most important communicable diseases of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold; to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The mobile units of the Newcastle Regional Hospital Board visit our area periodically, and I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it can also provide an early warning against many other chest conditions, lung cancer, and certain heart diseases.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking down into an infectious state. Similarly with cancer of the lung, the best chances of operative treatment depend on catching them early.

The X-ray results are communicated to the patient's family doctor if there are any abnormalities, and so the findings can best be explained to the individual if any treatment seems needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception, and encourage our local people to turn up in full force for their chest X-rays.

The Hospital Services.

National Health Service Act, 1946. Part II.

Your District lies in the area of the Newcastle Regional Hospital Board, and the general hospitals at Carlisle have traditionally served the acute medical and surgical needs of our people, and it seems likely that they will continue to do so.

But some of the villages on the southern fringes of your District are often more conveniently served by the hospitals in Kendal, which are in the area of the Manchester Regional Hospital Board. There are signs of change down there.

The Government's national policy to develop what are to be called District Hospitals seems likely to mean that the southern end of our area will have to rely more and more on Carlisle and Lancaster, and less on Kendal, as the Hospital Plan comes into effect in the next ten years.

This isolation of North Westmorland has been further aggravated by cutting us off from any effective contact with the resources of north-eastern England, when the railway over Stainmore was recently closed.

Some people think that Westmorland risks being left rather ill-served if the hospital services concentrate themselves on Lancaster and Carlisle. There is a lot of territory in between, and transport communications are not very easy for out-patients and visitors to get to those hospitals and home again.

Public relations have been very much neglected by many of the Regional Hospital Boards since they were formed in 1948. Some are worse than others. Some Boards at least make a show of sounding out local opinions during the early formulative stages of planning the hospitals which will serve those very people. Some Boards keep the press well supplied with advance information about their plans and ideas. Some Boards allow the Minutes of their meetings to be published and made available in public libraries for all to read. Some Boards encourage their own members to spread the news of their activities and bring back local reactions and response.

Other Regional Hospital Boards seem to regard public relations as two dirty words. Plans for the future whereabouts of hospitals, and what they will provide, are drawn up without even the courtesy of enquiring what local communities would like: without even the courtesy of consulting the local general medical practitioners who have to cope with their patients before hospital and afterwards.

It seems rather a pity that our National Health Service should be run in such watertight compartments: that the Hospital Boards should be so inward looking: that their plans for our future hospitals should be the cold material of a series of administrative exercises in some ivory tower: that their decisions and reasons should be shrouded with a lot of cloak and dagger mystery: that their faces should take on such a pained look when anyone comments on what they do, or do not do.

This appearance of a totalitarian monopoly seems strangely foreign to our English traditions, with our long centuries of fostering local sympathy for the hospital care of our sick. It smacks of a system rather than a service. I suppose that one remedy might be to set up

Regional Consumer Consultative Councils, like those for the Gas and Electricity Boards, to safeguard the local customers for hospital needs, but it seems a soulless way of dealing with what should surely be the most personal service of all amongst these gigantic nationalized monopolies.

These matters are slowly coming to a head. The Government published a booklet entitled *A Hospital Plan for England and Wales*. Here is a quotation from its preface: "Hospitals are for people; and this plan will give to the public, who the hospitals exists to serve, the opportunity of judging for themselves, on a national scale, the lines on which this service is intended to develop."

This was a very welcome statement of the basic philosophy: and, of course, the whole ideal of improving our national hospital service deserves support. But equally the public are also particularly interested in judging for themselves the lines on which these services are planned to be developed locally for their own kith and kin.

The Minister of Health did give some assurance later in the House of Commons in answer to a question about the difficulties of communities living a long way from these proposed main centres. He said that it was a matter of ensuring that new and better facilities, acceptable to those concerned are in existence before any of the older facilities are discontinued.

Of course, that is the crux of our own local case. As the people most concerned, our local folk must take a hard, critical look at the regional proposals to see if they are acceptable. This is the chance of the century, and it may not come again. Anyway, the Regional Hospital Board is entitled to the constructive criticism and help of those it seeks to serve. What must also be watched are the risks of being left high and dry by the withdrawal of the local services which the people of Westmorland established long ago by their own efforts, and to see that our voices are heard when the plans are being drawn up for any new hospitals to serve our area.

Here in Westmorland we have had the opportunity of comparing the habits of the two Regional Hospital Boards which share the duties of providing a hospital service for our local people. The Newcastle Regional Hospital Board come rather badly out of the comparison. We have suffered too much of the cloak and dagger stuff over the project of establishing a new hospital at Penrith, over the future of Ormside Hospital, and over the whispers of a cottage hospital at Kirkby Stephen.

Our own North Westmorland folk are vitally concerned with what hospital services they need, and where they shall get them. We lost

our small number of geriatric hospital beds in Kirkby Stephen when Eden House was pulled down. We hear rumours that we may lose our substitute geriatric beds if Ormside Hospital is to be closed. Our old folk are getting pushed further and further down the Eden Valley, maybe over the County border itself.

We must ask ourselves whether we are satisfied with those proposals. There must be a clearer understanding about what might be the functions and size of the proposed so-called cottage hospital planned for Kirkby Stephen in the nineteen seventies: there seems to be some muddled thinking about it at present, due perhaps again to the failure of public relations by the Newcastle Regional Hospital Board. We must be satisfied that Kirkby Stephen would be the best place to build such a hospital. We must ask ourselves if we are prepared to let Ormside be closed before we get an acceptable alternative for our old people. We must review whether we are satisfied about the services and accommodation for our folk in the proposed new hospital at Penrith.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

Not only would most of our old people prefer to stay near familiar parts, but their relatives and friends, often old themselves, would be put to sore discomfort and expense by having to trail long distances for visits: or else forego those friendly services that can mean so much to the bedfast.

We should resent very deeply any cold administrative expediency for tidying up Westmorland's old folk and chronic sick away across the border into some inaccessible hospice, however progressive it might be. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital service: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Newcastle Regional Hospital Board at Carlisle.

Smallpox cases will be admitted to Langley Park Hospital, Durham City, or to Fairhill Hospital, Penrith.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council.

Disinfection Arrangements.

On account of the geographic difficulties it is not usually practicable to effect steam disinfection, and reliance has to be placed upon formaldehyde treatment in the house of the patient.

HOUSING.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your District, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

Present Housing Position.

There are 5,244 inhabited houses on your Rate Books at the end of the year. With an estimated population of 15,170, the average number of persons per house is 2.9, which is not a high figure. Six houses are legally overcrowded within the strict definition of the Housing Act which assumes that living-rooms are used also for sleeping purposes and that the sexes can be segregated irrespective of age, health and family relationships. At the time of the 1961 Census there were 4,833 private households living in 4,826 structurally separate dwellings.

A lot of houses in the Rural District are occupied by only one or two persons. The 1961 Census revealed that 616 houses contained only one occupier, and that another 1,329 houses had only two people living in them.

General Progress of Slum Clearance and Improvements.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,100 houses in the County

have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of substandard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better.

In your own District good progress continued with slum clearance and was limited to dealing with any Class 5 houses becoming vacant. Every endeavour was made to persuade owners to recondition them if there seemed any possibility of retaining them as dwellings.

The Housing Repairs and Rents Act, 1954, required your Council to declare their proposals for dealing with sub-standard houses. You resolved to deal with the estimated 349 houses within the next fifteen years. The Minister of Housing and Local Government approved that scheme and it is now on deposit for public inspection. You may have to speed up a bit, but I hope that the grants now available will save an increasing proportion of old houses before your fifteen-year programme expires in 1970.

Closing Orders.

Housing Act, 1957. Section 18.

Six closing orders were made during the year.

Twenty-six such orders were on the Register of Local Land Charges at the year end. Five of these houses are still occupied.

Undertakings not to use for Human Habitation.

Housing Act, 1957. Section 16.

Six such undertakings were accepted during the year, leaving 26 on the Register of Local Land Charges at the year end. Six of these houses are still occupied.

Undertakings to Perform Works.

Housing Act, 1957. Section 16.

One such undertaking was accepted during the year.

No such undertaking was outstanding on the Register of Local Land Charges at the year end.

Demolition Orders.

Housing Act, 1957. Section 16.

Five demolition orders were made during the year.

No houses subject to operative demolition orders were actually pulled down during the year, leaving eight demolition orders outstanding on the Register of Local Land Charges at the year end. Two of these houses were still occupied.

Clearance Areas.

Housing Act, 1957. Section 44.

There are no outstanding clearance areas.

Improvement Grants.

House Purchase and Housing Act, 1959.

Eight discretionary grants and 51 standard grants were approved during the year. Since the passing of the Act, 363 houses have been renovated and converted under grants made by your Council. A very worthwhile effort.

Estimated Requirements for New Houses.

Housing Act, 1957. Section 91.

During 1962 your Council obtained an estimate of the number of new houses needed. Notices were published in the press and in the parishes, inviting applications for housing accommodation.

Ninety applications were received, and it became possible to see where the demands arose. Your Council have the difficult task of distinguishing the needs from the demands, and also to assess the effects of our rapidly continuing depopulation. We shall have to be a bit cautious.

House Building Progress.

Since 1948 your Council have built 254 houses, and another 188 houses have been put up by private enterprise.

Your Council completed two houses during the year. Private enterprise completed 27 in the same period.

At the year end 44 houses were under construction by your Council but there were 27 by private enterprise. Those are the statistics published in the Housing Return of the Ministry of Housing and Local Government.

Some Local Details.

Shap.

A tender was accepted during the year for the erection of 36 houses and eight one-bedroomed bungalows on the West Lane Estate, Shap. The erection of some of the houses and the carrying out of site works was in progress at the end of the year.

Kirkby Stephen

The erection of a further pair of one-bedroomed bungalows on the West Garth Estate was nearing completion at the end of the year. There is still a demand for further houses in Kirkby Stephen, and, as the Council own undeveloped land on the West Garth Estate, further houses could be erected.

Tebay

A tender for the erection of six one-bedroomed bungalows on the Highfield Estate was accepted towards the end of the year, and it is expected that building work will commence early in 1964.

Brough.

Three one-bedroomed bungalows were in course of erection on the Castle View Estate at the end of the year. These are being erected under the Dawson Trust bequest, and the Council made the site available to the Trustees for a nominal sum. The bungalows are to be let to widows or spinsters in the Brough area.

There are a considerable number of substandard houses in Brough still occupied, and many of these are incapable of being made satisfactory. There is also a need for additional houses to accommodate quarry workers and others who are employed in or about Brough. The Castle View Estate owned by the Council could be extended to provide 20 to 30 houses.

Kirkby Thore and Long Marton.

There is a need for additional houses in both these villages, resulting from the continued prosperity of the gypsum mining and plaster manufacturing industry established in that area. The Council own land adjoining their existing housing estates in both these villages, and the erection of additional houses on the estates should now be carried out.

Other Villages.

There is still a need for small numbers of new houses in various villages throughout the area, mainly for the replacement of unfit houses and also to provide accommodation for elderly people in the form of one-bedroomed bungalows.

The Special Needs for Old People.

When we come to press the Regional Hospital Boards to establish a goodly number of geriatric beds in accessible places to meet the needs of our North Westmorland patients, we must remind ourselves of our corresponding responsibility to provide sufficient and suitable houses for our own folk to go home to when they come out of hospital. They have a right to come back into the community. The hospital should have a two-way door.

I believe that there is justice in this argument. As a doctor, I endorse the idea that a hospital should be a place to go to for treatment, to be made well again, not simply a dumping ground for old folk who can no longer cope with the day-to-day difficulties of struggling along in substandard or unsuitable houses, particularly in the more rural areas.

Both your Council and various charitable organizations have done a lot of good work in providing special houses for the elderly, but a lot more needs doing to keep pace with the increasing proportion of old people in the community.

I suggest that purpose-designed bungalows and ground floor flats are still much needed, with low fittings, handrails, lever door-handles, easy gradient steps, and suchlike special aids for the elderly.

Although it is desirable to find sites in the level and more accessible parts of our District, I believe that the internal design of the home is even more important. That is where the elderly citizens will spend most of their time. That is where we have the duty of helping them to make the best of life, and to overcome the increasing physical limitations of growing old.

I believe, furthermore, that the time has come to provide groups of semi-dependency type houses for old people, with a resident welfare warden available in case of need. The degree of provision of communal facilities for laundries or guest-rooms would be a matter of detail for decision in design. I am more concerned with the principle. It would relieve the burden on geriatric hospital beds, and upon the Welfare Hostels, besides conferring the gesture of at least semi-independence to the elderly folk in our villages. It would recognize their dignity.

Tenants Selection.

When Council houses become available handbills are posted on village notice boards, inviting applicants and stating whether the house is reserved for agricultural workers. All applicants are supplied with a form for submitting details of their personal circumstances, domestic and financial, to your Council. The applications are con-

sidered by your Housing Committee together with any other information which can be supplied by the members of your Council for that area. There is no anonymity and your Housing Committee attach importance to the personal knowledge of your Councillors in making their selection. This system has its advantages as well as its disadvantages.

Housing Management.

Your Council now own 410 occupied houses, situated in widely dispersed sites in your extensive District. The housing management is largely in the hands of the Public Health Inspectorate, and every effort is made to inspect the houses at regular intervals to see that the property is kept in good condition.

165 Council houses were built before the 1939-45 war, and many are over 30 years old. The increase in numbers and age of these houses calls for more frequent attention and entails higher maintenance costs.

The rents of your Council houses vary from 14/1d. to 23/6d., exclusive of rates, and the rateable values are between £26 and £50.

The examination of rentals and rates may not seem at first sight to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from that portion of their income which rightly belongs to the purchase of food. Domestic economy can affect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Verminous Houses.

Public Health Act, 1936. Sections 63-65.

One verminous house was suitably dealt with during the year.

Nuisances and Notices re Dwellings.

Public Health Act, 1936. Sections 91-100.

During the year there were 16 Informal Notices served under the Act and no Statutory Notices were served.

Certificates of Disrepair.

Housing Repairs and Rents Act, 1954.

No certificates were issued during the year.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

No formal action was necessary during the year.

Caravans.

Caravan Sites and Control of Development Act, 1960.

1961 saw the real commencement of operating the excellent legislation for controlling caravan sites. We were able to work in harmonious and efficient co-operation with both Westmorland County Planning Authority and the Lake District Planning Board for their respective areas within your Rural District. The result of that amicable combination of powers was the adoption of a very high standard of requirements for the siting, equipping, and management of caravan sites.

I am confident that this method of setting off on the right foot will be to the ultimate benefit of all caravan users, the operators of the sites, and above all to our local residents in the District. We cannot be too careful about safeguarding the public health from the risks inherent in caravan sites. The operators have appreciated the point: there has not been one single appeal to the Courts against the stringent conditions which your Council attached to the site licences.

By the end of the year 32 caravan site licences were in force. They covered a maximum total number of 275 caravans permitted on the sites, usually with seasonal restriction to between 1st March and 31st October in each year. There were however included 10 licences for 11 caravans for permanent habitation, a practice which we discourage unless there are very special reasons for such a substandard choice or necessity.

We still feel the lack of sufficient overnight stopping-sites for touring caravans. With our District on the fringe of the National Park, and lying on the main traffic routes which our visitors use, we have to suffer a lot of mess and risk of disease from caravanners who stop overnight on our highway laybys. These places get very fouled for most of the summer.

Your Council and the Lake District Planning Board and the Westmorland County Planning Authority all are discussing the possibility of encouraging the establishment of proper overnight halt sites for caravans near the main highways. Various sites have been examined, but so far the idea has not appealed to any potential operators. Overnight stopping-sites are not a commercial proposition, unless a more regular income can be gained from long-stay caravans on the same site. Nobody seems to love the overnight caravanner, so he is forced to go making the mess he does; and we have to live with it.

Tents, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

At the year end there were no licences in force under the Public Health Act. It now excludes caravans and so mainly applies to tented camp sites.

Unlicensed camping sites are limited to occasional use and are mainly on the Ullswater Shore or along the banks of the River Eden during the fishing season. These casual campers cause little nuisance by their improvised sanitary arrangements and refuse disposal, but they take water from polluted becks at their own risk.

Appleby New Fair.

A much more serious nuisance occurs every June at what is known as Appleby New Fair, or Appleby Horse Fair, when hundreds of people camp or put caravans of all sorts along the roadside verges of the Roman road and the Longmarton and Dufton roads. Many of them use the fields and hedgerows for all sanitary purposes and garbage disposal, and leave behind them a foul and dangerously polluted area.

Many of the campers themselves would like to see better sanitary conditions. The residents and farmers alongside the affected roads certainly would welcome improvement. Some of them barricade themselves in with barbed-wire every June, and they complain bitterly about the fouling all around. The whole set-up is just too mediaeval in all sorts of ways.

Of course most of the nuisances take place just outside the Borough boundary, in the Rural District of North Westmorland, and the worst abuses take place on the highway verges of the Westmorland County Council, and the police cannot stop them. But the Fair historically belongs to Appleby. We should like to keep its colourful charm, and the money it brings into the town, if only we could introduce some 20th century hygiene into the mediaeval fun.

In 1961 a further attempt was made to solve this dilemma. The three local authorities and the police held a conference, and decided to get out plans for redeveloping the Fair Hill as a camping and caravan site, with proper access roads, water supplies, sanitation and refuse disposal. But it looks as though no serious plan is being pushed forward to deal with this dangerous and disgusting mess. It will probably take a Zermatt type outbreak of typhoid fever or some other dramatic disease to shock everyone out of this ineffectual drifting on.

WATER SUPPLIES.

North Westmorland Rural District is fairly well watered. About 87% of the houses are now connected to some water main. The remaining 13% have to rely on individual private systems from wells, springs, becks, and stored rainwater, which may not always yield as much water as the users would like.

1963 was a historic year for North Westmorland. On April 1st your Council handed over your long-established water undertaking to the newly formed Eden Water Board. I have welcomed the continuance of help and co-operation by the new Engineer-Manager and his staff, and I should like to place on record my appreciation of the valuable work of your Council's water department staff in the vital task of safeguarding the public health.

In previous years your Council were the statutory water undertakers, and as your Medical Officer of Health, I kept a personal eye on the gathering-grounds of the public water supplies to detect dangerous pollution factors, and I was also involved to some extent with the public health aspects of the treatment and distribution of your Council's public water systems.

With the formation of the Eden Water Board in 1963, I had to withdraw to a more detached position. My official concern is now to check that the public water supply which is sold to the taps in consumers' homes is fit for drinking and catering purposes. Until such time as the Eden Water Board may provide their own medical supervision for safeguarding the production and processing of their supplies. I shall be available on request to lend an unofficial hand from time to time.

The new arrangement leaves the public health somewhat more at risk than hitherto. I suppose that longer established Water Boards in other parts of England have found an answer to this problem: it may simply be a transitional one up here in Westmorland. We have the same aim of bringing sufficient safe water into the homes of the folk who live in our District

We shall also continue the excellent liaison with the local officers of the Ministry of Agriculture, Fisheries and Food, for the joint investigation and assessment of applications for grant-aided farm water supply schemes. I have been most grateful for the long-standing co-operation of the Ministry's Regional Advisory Bacteriologist and the other staff at the Regional Headquarters in Newcastle upon Tyne. It enables us to co-ordinate the safeguards to the public health as well as the agricultural interests.

The water supply to your District is derived from many sources. The principal source of public supply is that from the regional scheme at Blea Water, the mains from which extend into 25 of your 52 parishes. There are 19 other sources of public supply in whole or part of 32 parishes. Martindale has no public water supply. Many houses in Hartley, Ravenstonedale, and Stainmore are supplied from the private systems installed in these three areas.

The quality of the public water supplies is generally fairly good, but liable to considerable variations. I have never felt very happy about some of the sources or the treatment of the water. I think that the Eden Water Board face a formidable task to bring the whole of North Westmorland's public water supplies up to acceptable modern standards.

Some representative test results are set out in the Appendix to this report. The natural fluoride content of all the public supplies is very low, and no artificial fluoridation is practised.

The quality of the private water supplies to several hundred houses in North Westmorland is quite another problem. We still retain an official concern with them, because they have not been transferred to the responsibility of the Water Board. I suspect that many of these private supplies are unsatisfactory from time to time, particularly when wet weather affects surface catchments and shallow wells. They are also vulnerable to foul drainage from new building developments uphill when private rights do not afford them full protection.

I can do little more than warn the users that they drink the water at their own risk, that they should have it tested for safety at suitable intervals under their own private arrangements, and that they should boil the water if they are still in doubt.

The best that can be said about many of these private water systems is that the residents get acclimatized to drinking the stuff, and only their visitors suffer. Human gastric juice is an amazingly good disinfectant, but my professional attention is occasionally drawn to the more dramatic episodes of illness from contaminated private water systems. The only real remedy is to foster the continued extension of the public water mains.

General Distribution.

The Minister of Health requires me to state the number of houses and population in each of your 52 parishes with water laid on and with water available from standpipes.

PUBLIC WATER DISTRIBUTION.

Parish	No. of Houses in Parish	No. of Houses with water laid on	No. of Houses supplied from Stand Taps	No. of Houses otherwise supplied
Asby	101	95	—	6
Askham	124	124	—	—
Bampton	127	103	—	24
Barton	93	76	—	17
Bolton	92	90	1	1
Brough	225	212	2	11
Brough Sowerby	31	27	—	4
Brougham	82	73	1	8
Cliburn	60	60	—	—
Clifton	106	106	—	—
Colby	28	28	—	—
Crackenthorpe	29	28	—	1
Crosby Garrett	52	52	—	—
Crosby Ravensworth	168	157	—	11
Dufton	88	82	—	6
Hartley	46	38	5	3
Hillbeck	7	7	—	—
Hoff	62	62	—	—
Kaber	35	31	—	4
Kings Meaburn	41	41	—	—
Kirkby Stephen	572	572	—	—
Kirkby Thore	166	165	—	1
Long Marton	204	200	—	4
Lowther	118	102	1	15
Mallerstang	53	10	—	43
Martindale	39	—	—	39
Milburn	58	51	—	7
Morland	96	93	1	2
Murton	106	98	2	6
Musgrave	53	50	—	3
Nateby	40	37	3	—
Newbiggin	36	35	—	1
Newby	49	49	—	—
Ormside	40	36	—	4
Orton	218	205	—	13
Ravenstonedale	223	87*	2	134
Shap	383	357	1	25
Shap Rural	64	42	—	22
Sleagill	28	28	—	—
Sockbridge & Tirril	87	87	—	—
Soulby	59	58	—	1
Stainmore	113	2*	—	111
Great Strickland	66	61	—	5
Little Strickland	24	23	—	1
Tebay	276	246	—	30
Temple Sowerby	121	120	—	1
Thrimby	16	13	—	3
Waitby	19	18	—	1
Warcop	156	151	—	5
Wharton	12	12	—	—
Winton	69	66	2	1
Yanwath & Eamont Bridge	80	79	—	1
TOTALS ..	5241	4645	21	575

* These do not include the houses supplied from the Ravenstonedale and Stainmore Private Supplies.

Note. The majority of Houses in column 5 are provided with piped supplies from private sources.

Soap and Water.

Although 87% of our North Westmorland homes may have a water supply of some sort piped into the house, we need to look a bit further than the engineering feats of getting it there. We need to ask what the families are able to do with the water inside their own homes.

The 1961 Census disclosed some rather startling facts about the plight of our housewives. 23% of all our houses still have no hot water tap: just think what that means in terms of looking after a family. 33% of all our houses have no fixed bath: it is a bit hard for the middle of the twentieth century. I think that there is a lot of work to be done in North Westmorland to catch up with these decencies and comforts: I believe that they play a part in raising the standard of public health.

And of the other uses of water in the home, 22% of our houses still have no water-closet. The whole picture of water supplies goes far beyond the construction of great reservoirs and aqueducts. Those things are certainly of great public health importance, but in the last analysis what matters most is the use which people are able to make of the water.

SEWAGE DISPOSAL.

The safe disposal of human sewage and other foul drainage has been recognized for thousands of years as one of the most important ways of protecting the public health. It is still particularly true today in our rural areas, with typhoid and paratyphoid fevers, salmonella and dysentery infections, and many primitive insanitary practices never far from the local scene.

North Westmorland Rural District is served by a series of separate public sewer systems and disposal works which deal with the foul drainage from the villages and more populated parts of other parishes. The remainder of the District has to rely upon individual septic tanks, cesspools, or drainage into watercourses, and some of the more remote houses still retain privies, pails, earth-closets and primitive ways.

Since the end of the war in 1945 your Council have pursued a progressive policy for extending the public sewerage systems to cope with the expanding development round many of our villages, and to improve or replace the existing sewage disposal works which were overloaded or worn out. Somewhat slower has been the bringing of organized public sewerage systems to villages and hamlets where more primitive conditions were becoming dangerous.

Even so, there will probably always be some settlements which cannot easily be linked up to the sewers of a large place, and which do not justify a full-scale system of their own. Many of these can be safely served by group septic tanks where the soil is suitable for absorption of the effluent. Isolated houses must perforce depend on some such individual method of dealing with their foul drainage.

I am indebted to the Engineers for most of the facts set out in the sections of my report which deal with sewage and public cleansing. I also record my appreciation of all their help and co-operation throughout the year on these vital services for safeguarding the public health.

Sewage Disposal Works.

Public Health Act, 1936. Section 15.

During the post-war period, new sewage disposal works have been built at Brough, Tebay, Shap, Sockbridge, Askham, Temple Sowerby, and Bolton. These have produced a great improvement in the sewered areas around them.

Other improvements have been made to various works, notably at Kirkby Stephen, with the joining up of Hartley village to that system. But some of the older works need replacement, particularly at Pooley Bridge, Clifton, Eamont Bridge, Kirkby Thore, Newbiggin-on-Lune, and Morland.

There are also many other villages which really require the comprehensive installation of new sewers and modern disposal works: they are beyond mere improvement of their existing arrangements. Many of these other villages have ancient culverts or some primitive layout of combined surface water drains and piped sewers, but the arrangements are now hopelessly out-of-date and usually rather insanitary.

Future Sewerage Policy.

A formidable task faces North Westmorland. I reckon it will take a long time, maybe fifteen years or more, before all our sizeable villages can be equipped with new sewers and modern disposal works. Sewerage schemes take a lot longer to prepare and install than water schemes: there are no short cuts towards rapid results. Only long-term planning and careful foresight can help us on towards the village improvements which we should all like to see.

Indeed your Council have worked along these lines for the past fifteen years. The policy has produced the very creditable results in our townships and major villages. Your Consulting Engineers have already prepared outline plans for about a dozen future schemes. Of course, our progress has had its ups and downs, with periodical national

economy restriction, local limitations with building labour, land acquisition, practical snags, and the weather. But our long-term planning has provided some elasticity, and the general policy has been seen to pay off in the long run.

Although your Council would wish to plan their future programme as far ahead as possible for all their sewerage schemes and replacements, they are no longer the sole arbiters of deciding the relative priorities between the various projects, nor in full control of when they should be carried out. The Rivers Board now have a significant say in these matters.

Under the Rivers (Prevention of Pollution) Act, 1961, your Council have to seek the consent of the Rivers Board to continue existing discharges of effluent from the public sewage works. Conditions for the quality of these effluents will be imposed, probably according to the Royal Commission standards, and time-limits will be stipulated for achieving them.

It is quite obvious that some of our public sewage disposal works will require structural modifications or replacement to produce effluents of the required standard. It is equally certain that such demands will be reflected in the time-limits to be imposed by the Rivers Board. Therefore the list of relative priorities would seem to be best worked out in the closest collaboration with the Rivers Board.

It would be unreasonable to accept the point of view that all priorities should be dictated by the Rivers Board, and that the quality of existing effluents should be the sole criterion for shaping our future programme of improvements and extensions to the sewerage systems of our District. There are other public health factors to be taken into consideration, including the provision of sewerage to areas which have not yet been served.

My advice to all parties is that these matters should be periodically discussed with the Rivers Board, to take into account all the changing scenes and developments throughout our Rural District. In this way we may be able to formulate our future programmes to please as many people as possible.

But of course nobody would expect your Council to stand still in the meantime. Your own impetus is carrying you forward towards getting on with the next village on your own devised priority list. The following more detailed notes show where we had got to at the end of the year.

Ravenstonedale with Newbiggin-on-Lune.

There was continued delay in reaching agreement with the owner of the land on which the disposal works are to be constructed, but these differences were eventually resolved and the scheme was submitted to the Ministry of Housing and Local Government towards the end of the year. It is hoped that the necessary approval will be granted in time for the work to be carried out during the spring and summer months of 1964.

Nateby.

This village is situated relatively close to Kirkby Stephen, and the Engineers were instructed to prepare particulars and estimates of cost of providing additional sewers in the village, and constructing an outfall sewer to link up with the Kirkby Stephen sewerage system. The Engineer's report is expected early in 1964.

Morland.

The Consultant Engineers were instructed to prepare a scheme for the provision of sewers and sewage disposal works. The Engineer's report was awaited at the end of the year.

Kirkby Thore.

The Consultant Engineers were instructed to revise the scheme previously prepared for the provision of additional sewers and the construction of new sewage disposal works, as a good deal of development has occurred in this village during recent years, and further development is anticipated. The Engineer's report had not been received at the end of the year.

Tebay.

Our recently built sewage disposal works will be obliterated by the construction of the M6 Motorway within the next five years. Plans have already been drawn up for its replacement on another site in the Tebay Gorge below Lune Bridge. There is also a proposal that a Motorway Service Area may be constructed at Old Tebay, which would very considerably increase the load on our small pumping station down that way. The whole sewage reorganization of Tebay will have to be thought out with speed, otherwise we risk being left in danger as the Motorway builders press on regardless.

Clifton.

Much the same applies here. The new M6 Motorway will be soon under construction alongside the village, and again it is possible that

one of the Service Areas might be in the vicinity. The existing sewage disposal works are completely obsolete and inefficient, so your Council were on the point of replacing them anyway. Now we shall have to wait for a short while until we know what we will be expected to cope with from the Motorway. Then it will be full speed ahead to make it come true in time.

Pooley Bridge.

But apart from all these dramatic upheavals of Motorway construction and the like, there are certain parts of our District which merit improvements on public health grounds. One outstanding example is at Pooley Bridge. The existing disposal tanks is a primitive, inefficient relic, and there is a trail of pollution out into the shallows of the River Eamont. Not only has this village grown recently with residential development, but all through the summer it is full with thousands of tourists, visitors, motorists, caravans, and the people for the Ullswater steamers. Such a popular holiday-spot now merits a proper sewage disposal system, if we are not to risk the spread of disease and ruin our reputation. I place Pooley Bridge high up on the priority list.

Other Needs.

Your Council have formulated a tentative list of other villages where they would like to improve the sewerage in due course. These include Great Asby, Soulby, Crosby Ravensworth, Maulds Meaburn, Great Strickland, Little Strickland, Milburn, Eamont Bridge, Warcop, Dufton, Long Marton, Kings Meaburn, Cliburn, Hilton, Murton, Winton, Hackthorpe, and Lowther. Such were their hopes expressed for the County Development Plan up to 1981. How far we shall get with the programme is anyone's guess.

Farm Drainage.

Your Council have been considering their policy and scale of charges for the acceptance of farm drainage effluents into the public sewerage systems. Such foul drainage is much stronger than ordinary domestic sewage, and it can cause great difficulties at our sewage disposal works.

Although there may be some heartburning over the scale of charges, it is possible that some farms will be asked to take their existing drainage out of our sewers, or in other cases they may be refused consent to make any new connections.

The Ministry of Agriculture seems to foster the principle that all organic farm wastes should be returned to the land as surface dressing fertilizers, and the Rivers Board are equally anxious to keep the pungent stuff out of the watercourses. We have no desire just to transport the farm effluents from one place to another and mess up our sewage disposal works in the process. So the discussions go on.

Cesspool Emptying.

The policy for running this service has always been rather pragmatic. Our attitude seems to have been that if private enterprise contractors care to take on the job we simply say good luck to them. But if no one else can be found to empty private sewage tanks, we tell the householders that we will try to fit the job in when we can and charge them what it costs us.

That may have been alright in the old days when there were not so many to do, and people were not so fussy about sewage lying around. I doubt whether it is really a satisfactory outlook nowadays. There are added risks to the public health from overflowing cesspools, particularly in summer-time and in the more frequented areas. The owners want to get their tanks emptied as much as we do, and I have every sympathy with them when they cannot find anyone to do the job at the time when they are ready.

Your Council have always done their best to oblige these private sewage tank owners, but in a District like North Westmorland I think it ought to be more of a responsibility for private enterprise to develop. If private contractors can build up a worthwhile service it might be possible for them to empty some of our own Council tanks more easily than we could do it ourselves.

Public Conveniences.

Public Health Act, 1936. Section 87.

Your Council provided public conveniences at Kirkby Stephen, Brough, Tebay, Shap, and Pooley Bridge.

The accommodation is generally sufficient for local requirements but it is inadequate to deal with the seasonal motor-coach traffic. These coaches present a special difficulty in Kirkby Stephen which is used as a halting-point for a very large number of Tyneside-Blackpool vehicles, and the shortage is accentuated by their arrival within a short period of time. Fouling of streets, doorways and yards results. Your Council ought to provide some bigger and better conveniences in Kirkby Stephen.

Lavatories for Lay-bys.

I have become increasingly disquieted by the excremental pollution of the lands adjacent to most of the vehicle lay-bys on our main highway routes throughout Westmorland. In some places it is seriously jeopardizing the public health for the residents of the vicinity as well as for the travellers themselves.

The adequate signposting of existing public conveniences in our villages, and somewhere to park while visiting them, may need to be supplemented by advance notices in the intervening highway lay-bys to tell people where to find the next set. Some of our more popular lay-bys may soon justify having public conveniences of their own, perhaps of the simple chemical type, if their proper hygienic maintenance could be arranged.

But the fouling of our highway lay-bys goes further than passing travellers climbing over the wall, or leaving a trail of putrescent picnic litter for the flies and the birds and the rats. A lot of our lay-bys on the approach roads to the Lake District National Park are used in summer for overnight or week-end settlement by caravans, cars, and all sorts of nomadic characters. The mess they leave behind has to be seen to be believed. I am doing my best to let it be seen on the nation's television screens, because this sort of behaviour is a national problem and not just the price of living in a National Park.

PUBLIC CLEANSING.

Areas of Refuse Collection.

Public Health Act, 1936. Section 72.

The collection of house refuse by using two mechanical refuse collecting vehicles, each with a squad of three men, has continued throughout the year. Collections are carried out in all parishes with the exception of Martindale, but in the less populous areas the collections are limited to once per month. In Kirkby Stephen, Shap, Brough and Tebay collections are made weekly and in other parts of the District fortnightly.

The nature of the house refuse now collected continues to increase in bulk by reason of large amount of food, etc., which is now sold in cans, cartons, and packets. There is a reduction in the volume of ashes and similar small matter and this causes difficulty at the tips, due to the absence of adequate covering material in the refuse and on account of the large amount of paper and cardboard which is liable to get blown about and cause unsightly conditions about the tips.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Controlled tipping is the aim of the Council, but it is difficult to obtain sufficient covering material and labour to keep the tips in proper condition.

Refuse is disposed of by tipping at the following points:—

- | | |
|------------------------------|------------------------|
| 1. Stamp Hill, Kirkby Thore. | 5. Great Strickland. |
| 2. Waitby. | 6. Clifton Dykes. |
| 3. Langton Road, Warcop. | 7. Kings Meaburn. |
| 4. Orton Fell. | 8. Fell East of Tebay. |

Street Cleansing.

Public Health Act, 1936. Section 77.

Street cleansing is carried out by the Westmorland County Council in the larger villages, and these are usually maintained in good order.

Extra street cleansing has been carried out at Kirkby Stephen on Sundays during the summer due to the large amount of litter resulting from the coach traffic.

Pest Control.

Pests Act, 1949.

The Council's Clerk of Works, Mr. T. Taylor, continues to function as Pests Officer under the control of the Health Inspectors. The treatment of the refuse tips and sewage works for the destruction of rats is carried out on one or two occasions during the year. The treatment of private houses and other properties is carried out by the Council when requested by the persons responsible, and the costs in these cases are recovered. The Council's refuse tips are regularly treated.

I look upon the systematic destruction of rats and mice as a very helpful contribution towards safeguarding the public from all sorts of unpleasant diseases carried by those animals.

FOOD HYGIENE.

General Powers.

Food and Drugs Act, 1955. Section 87.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

Food and Drugs Act, 1955. Sections 13-15.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

Ice-Cream Trade.

Food and Drugs Act, 1955. Section 16.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

The following premises were registered under Section 16 of the Food and Drugs Act, 1955:—

Manufacture by hot mix, cold mix, storage and sale	...	0
Manufacture by cold mix, storage and sale	... ..	1
Storage and sale only	... ..	72

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the Register for the preparation of sausages, potted meat, preserved meat, pressed meat, and pickled foods, was 28. Informal notices have been issued regarding certain alterations and improvements.

Milk Registrations.

Milk and Dairies Regulations, 1959.

At the year end there were 15 registered distributors, and four registered dairies which were not dairy farms. No particular difficulties were met, and milk-round vehicles were generally maintained in good condition.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Biological and other tests on samples taken by various Authorities, from sources in our area, continued to be passed to me. I have had no cause during the current year to serve any Notices under the Milk and Dairies Regulations to restrict the sale of milk or the activities of milk-handlers.

With the eradication of bovine tuberculosis, it seems likely that the next milkborne disease to be tackled may be brucellosis. I believe that many human cases go unrecognised.

Slaughterhouses.

Food and Drugs Act, 1955. Part IV.

Slaughterhouses Act, 1958.

Slaughter of Animals Act, 1958.

Your Council have adopted a policy of licensing small private slaughterhouses. From the point of view of efficient control and inspection of meat in such a scattered area it can only be regarded as a retrograde and regrettable step. It is, of course realised that many difficulties would arise in the establishment and management by the Council of central abattoirs in a district of this nature, but a workable scheme of centralised slaughtering would not appear to be beyond the bounds of possibility, and the advantages to the public health of the community would seem more desirable than individual trade interests. Centralised slaughtering worked very well between 1940 and 1954.

During the year slaughterhouse licences had been operative in respect of the following premises:—

Fletcher Hill, Kirkby Stephen.

Bridge End, Church Brough.

Musgrave Lane, Soulby.

Oak House, Ravenstonedale.

Langton Field, Appleby.

Front Street, Orton.

The last-mentioned premises are licensed only for the slaughter of sheep and pigs.

The Meat Inspection Regulations, 1961, came into operation on October 1st of that year. Satisfactory arrangements have been made to regulate the hours of slaughtering so that inspection of all carcasses can be effected by our Inspector.

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1955.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle excluding Cows	Cows	Sheep and Lambs	Calves	Pigs
Number killed (if known)	572	22	1,811	—	425
Number inspected ..	572	22	1,811	—	425
<i>All diseases except Tuberculosis and Cysticerci:</i>					
Whole carcasses condemned	—	—	3	—	2
Carcasses of which some part or organ was condemned	150	10	99	—	20
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	26.2	45.45	5.63	—	5.17
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	4
Percentage of number inspected affected with tuberculosis ..	—	—	—	—	.94
<i>Cysticercosis:</i>					
Carcasses of which some part or organ was condemned	1	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Condemnation of Other Foods.

The following other foodstuffs were condemned:—

Canned Ham	...	65½ lbs.
Bacon	...	40 lbs.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial.

GENERAL INSPECTIONS.

Your Council employs one Chief Public Health Inspector and three Additional Public Health Inspectors. The salary is apportioned between the health inspection duties and other duties in a proportion approved by the Minister of Health.

The Chief Inspector is located at the Council Offices in Kirkby Stephen and has the assistance of one female clerk and one male clerk and, in addition to being responsible for the whole Rural District, he has personal charge of the Eastern Division which represents most of that portion of your District which was East Westmorland before the boundary alterations in 1935. One additional inspector is also based there.

The two other additional inspectors are based in an office at Shap, where they have the assistance of a female clerk. One inspector covers the central areas of your District, and the other looks after the more westerly parishes: both are responsible to the Chief Public Health Inspector, and many of the records are kept at Kirkby Stephen.

I recommend once again the centralisation of administration within your area. The divided control is a bad relic of the fusion of the Districts which took place in 1935, and if the unification is to be made an effective unit of Local Government it must be a union in spirit and body as well as in name. Now that the Clerk's Department have moved to Appleby, there is a threefold division of your Council's administration.

Offensive Trades.

Public Health Act, 1936. Section 107.

There are no offensive trades in the District.

Inspections Made and Notices Served.

	Number of In- spections	Informal Notices Served	Informal Notices Comp. with	Statutory Notices Served	Statutory Notices Comp. with
Houses	1001	16	15	—	—
Factories	94	27	21	—	—
Shops, Cafes, Hotels	104	7	7	—	—
Slaughterhouses ..	811	1	1	—	—
Schools	22	—	—	—	—
Infectious Diseases ..	109	—	—	—	—
Dairies	3	—	—	—	—
Water Supplies ..	258	—	—	—	—
Moveable Dwellings etc.	89	—	—	—	—
Council's Works ..	491	—	—	—	—
Building Byelaws ..	2700	—	—	—	—
Pest Destruction ..	2	—	—	—	—
Drains	482	—	—	—	—
Miscellaneous ..	1334	—	—	—	—
TOTAL ..	7500	51	44	—	—

Factories.

Factories Act, 1937.

There are 75 factories in your District, five are non-mechanical factories and 70 are provided with power.

Three out-workers were notified to your Council by factory owners.

There are no recognised basement bake-houses in the District.

The register of factories has recently been completely revised and cross-checking carried out with H.M. Inspector's records.

H.M. Inspector of Factories has been sent details of your Rural District's administration of the relevant sections of the Factory Act, 1961.

Shops Act, 1950.

Visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperature. Informal notices were served whenever any contraventions were observed.

Common Lodging Houses.

Public Health Act, 1936. Part IX.

There are no registered common lodging houses in the area.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	5	10	5	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	70	84	1	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total	75	94	6	—

No defects were found.

Cases in which Defects were found.

Particulars.	Number of cases in which Defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1) ..	5	5	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	18	18	—	—	—
Total	24	24	—	—	—

Rent Restriction Acts.

No certificates were issued during the year and no contraventions regarding rent book entries were found.

Smoke Abatement.

Clean Air Act, 1956.

No action was required.

Swimming Baths.

There are no artificial public swimming baths, but many places on the lakes and rivers are used at the bathers' own risks.

Public Mortuary and Post-mortem Room.

Public Health Act, 1936. Section 198.

Your Council provide and operate a modern public mortuary at Shap. It is reasonably satisfactory for that limited purpose, and it is not intended for post-mortem examinations.

Your Council also share, with Appleby Borough Council and Westmorland County Council, some premises in Appleby which have long been used as a public mortuary and occasionally as a public post-mortem room. Your two County District Councils are responsible for operating and maintaining it: the Westmorland County Council merely retain a share in the bricks and mortar.

The mortuary at Appleby had been allowed to deteriorate into a poor condition, and there were also a lot of other unsatisfactory features in its operation, so I advised all parties during 1959 that it would be better to shut down the service if it could not be run with proper decency and efficiency.

However, the owners decided to repair and recondition the building, and to retain it as simply a mortuary, with a prohibition against post-mortem examinations being made on the premises. The work was carried out during 1960. I am still not convinced that the administrative arrangements are defined clearly enough to safeguard against a repetition of the deplorable breakdowns of recent years.

I believe that public mortuaries should be conducted with a very high standard of cleanliness, decency and reverence, and shall be satisfied with nothing less.

Compulsory Removals.

National Assistance Acts, 1948-1951.

Fortunately it was not necessary to take any Court action for the compulsory removal of uncared-for people. Several individuals were visited for consideration during the year. Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

A special conference was held during 1961 with the Welfare Authority to see what more could be done to prevent people from getting into such difficulties. Home-help services, hostels, and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Laboratory Service.

Public Health Act, 1936. Sections 196.

Satisfactory laboratory facilities were available at Carlisle for all public health purposes, free of charge to the Local Authority and the patient. This encourages the use of modern diagnostic methods by general practitioners and your Health Department.

Byelaws.

Byelaws on public health matters are in force with regard to:—

- | | |
|---|------------------------|
| New Buildings | Tents, vans and sheds. |
| Prevention of waste, misuse and contamination of water. | |
| Food handling. | |

APPENDIX A. **Laboratory Examination of Public Water Supplies.**

Nature of Test		Standards Max.	Barton	Blea Tarn	Bleawater Raw	Bleawater Treated	Brough
Pr. Coli count 37°	..	3-10	0	50 +	0	0	30 +
Faecal Coli/strep	..	0					
Date sampled last	..	—	12.1.63	9.7.63	15.2.63	15.2.63	4.6.63
Character	.. ..	—	Clear	Clear	Clear	Clear	Hazy
Reaction	.. ..	—	6.5	7.0	7.5	9.5	7.0 less than
Ammonical Nitrogen	..	.041	.02	.002	.02	.02	.02 less than
Albuminoid Nitrogen	..	.066	.02	.004	.03	.03	.04
Total Solids	.. ..	1000	70	235	24	30	123
Hardness {	Total	300	43	116	12	22	66
	Carbonate	—	27	65	2	2	7
	Non-Carb...	—	16	51	10	20	59
Chlorides	.. ..	30	5	13	5.5	5	7.5
Nitrates	.. ..	1	—	—	—	—	—
Nitrites	.. ..	0	—	—	—	—	—
O ₂ Absorbed	.. ..	1	.42	.44	.58	.44	4.3
Heavy Metals	.. ..	0	n/a	n/a	n/a	n/a	n/a
Rainfall 24 hours	..	—	Moderate	Slight	Slight	Moderate	Heavy
Date Sampled	.. ..	—	7.5.63	18.4.62	20.3.62	7.5.63	11.4.62
Laboratory	.. ..	—	Carlisle	Carlisle	Carlisle	Carlisle	Carlisle

Nature of Test		Coupland Beck	Dufton	Hilton	Kaber	Kirkby Stephen	Kirkby Thore ex. Marble Scaur
Pr. Coli count 37°	..	0	0	160 +	10 +	0	0
Faecal Coli/strep	..						
Date sampled last	..	9.7.63	8.10.63	8.10.63		4.6.63	6.11.62
Character	.. ..	Clear	Clear	Clear	Clear	Yellow tinged	Clear
Reaction	.. ..	7.5	7.5	7.0	7.5	7.0	7.0
Ammonical Nitrogen	..	.02	.05	less than .02	.03	less than .02	less than .03
Albuminoid Nitrogen	..	.02	.02	less than .02	.03	less than .03	less than .03
Total Solids	.. ..	144	98	127	213	126	285
Hardness {	Total	79	64	98	102	71	185
	Carbonate	31	12	46	54	18	87
	Non-Carb...	48	52	52	48	53	98
Chlorides	.. ..	7.5	7	5	8.4	7.5	9
Nitrates	.. ..	—	—	—	—	—	—
Nitrites	.. ..	—	—	—	—	—	—
O ₂ Absorbed	.. ..	.08	.16	.08	.45	3.0	.04
Heavy Metals	.. ..	n/a	n/a	n/a	n/a	n/a	n/a
Rainfall 24 hours	..	Heavy	Heavy	Nil	Medium	Slight	Heavy
Date Sampled	.. ..	23.5.62	17.5.62	2.5.62	31.1.62	7.2.62	24.1.62
Laboratory	.. ..	Carlisle	Carlisle	Carlisle	Carlisle	Carlisle	Carlisle

Chemical analyses results are expressed in parts per million.

APPENDIX A. **Laboratory Examination of Public Water Supplies—contd.**

Nature of Test	Kirkby Thore ex. Newbiggin Mill	Long Marton	Maller- stang	Murton	Newbiggin- on-Lune	Ormside
Pr. Coli count 37° ..	0	20	11	0	14	90
Faecal Coli/strep ..	+	+	+	+	+	+
Date sampled last ..	6.11.62	8.10.63	11.6.62	8.10.63	11.6.63	9.7.63
Character	Clear	Clear	Clear	Clear	Traces of sediment	Clear
Reaction	6.5	7.0	7.5	6.0	7.5	7.5
Ammonical Nitrogen ..	less than .03	.02	less than .03	less than .02	.02	.02
Albuminoid Nitrogen ..	less than .03	.02	less than .03	less than .02	.02	.02
Total Solids	176	60	94	47	71	349
Hardness { Total ..	91	31	48	15	39	209
{ Carbonate ..	7	4	2	—	16	129
{ Non-Carb... ..	84	27	46	—	23	80
Chlorides	12.5	7	6.5	5	5.5	10
Nitrates	—	—	—	—	—	—
Nitrites	—	—	—	—	—	—
O ₂ Absorbed .. ..	.08	.12	1.8	.04	.52	.12
Heavy Metals	n/a	n/a	n/a	n/a	n/a	n/a
Rainfall 24 hours ..	Heavy	Heavy	Nil	Nil	Nil	Slight
Date Sampled	24.1.62	17.5.62	14.2.62	2.5.62	25.4.62	18.4.62
Laboratory	Carlisle	Carlisle	Carlisle	Carlisle	Carlisle	Carlisle

Nature of Test	Orton	Tebay	Warcop	Wickersgill
Pr. Coli count 37° ..	90	90	20	0
Faecal Coli/strep ..	+	+	+	+
Date sampled last ..	13.6.62	11.6.62	9.7.63	26.9.61
Character	Clear	Clear	Clear	Clear
Reaction	7.0	7.5	7.0	7.0
Ammonical Nitrogen ..	.02	.02	less than .02	.02
Albuminoid Nitrogen ..	.02	.02	less than .02	.08
Total Solids	60	46	168	43
Hardness { Total ..	28	30	99	15
{ Carbonate ..	3	—	51	2
{ Non-Carb... ..	25	30	48	13
Chlorides	8	7	9.5	4
Nitrates	—	—	—	—
Nitrites	—	—	—	—
O ₂ Absorbed .. ..	.2	.2	.04	.42
Heavy Metals	n/a	n/a	n/a	n/a
Rainfall 24 hours ..	Nil	Nil	Heavy	Nil
Date Sampled	21.2.62	21.2.62	11.4.62	20.6.61
Laboratory	Carlisle	Carlisle	Carlisle	Carlisle

Chemical analyses results are expressed in parts per million.

